

December 16, 2002

**ESTABLISHING MEDICATION PRESCRIBING AUTHORITY FOR CLINICAL
NURSE SPECIALISTS, NURSE PRACTITIONERS, CLINICAL PHARMACY
SPECIALISTS AND PHYSICIAN ASSISTANTS**

1. PURPOSE: This Veterans Health Administration (VHA) Directive provides guidance for establishment of medication prescribing authority for Clinical Nurse Specialists (CNSs), Nurse Practitioners (NPs), Clinical Pharmacy Specialists (CPSs), and Physician Assistants (PAs).

2. BACKGROUND

a. It is Department of Veterans Affairs (VA) policy to provide high quality health care to its patients. VA can provide high quality care through the proper utilization of a variety of well qualified and appropriately credentialed health care providers. Consistent with the Food, Drug and Cosmetic Act, applicable regulations and informal Food and Drug Administration guidance, the Under Secretary for Health has determined that for non-controlled substances, VA will exercise its authority in defining inpatient and outpatient medication prescribing privileges for CNSs, NPs, CPSs, and PAs.

b. Definitions

(1) **Advanced Practice Nurse (APN).** The generic term “Advanced Practice Nurse” includes Clinical Nurse Specialists, Nurse Anesthetists, Nurse Midwives, and Nurse Practitioners. However, reference to APNs in this Directive is restricted to Clinical Nurse Specialists and Nurse Practitioners. Most APNs are educationally prepared at the masters level.

(2) **Clinical Pharmacy Specialists.** CPSs are Masters or Doctor of Pharmacy (Pharm.D.) graduates, pharmacists who have completed an accredited residency, specialty board certified pharmacists, or pharmacists with equivalent experience.

(3) **Physician Assistants.** PAs are individuals who have met the requirements for employment established in VHA Handbook 5005, Part II, Appendix G 8, April 15, 2002, Employment Qualification Standards for Physician Assistants. PAs function as agents of their supervising physician within their identified scope of practice.

3. POLICY: It is VHA policy that medication prescribing privileges for controlled substances can only be granted in accordance with the Federal Controlled Substances Act and applicable regulations contained in Title 21 Code of Federal Regulations (CFR) Part 1300. In order to prescribe controlled substances, the health care practitioner’s State of licensure or registration must permit him or her to do so.

4. ACTION

a. Each facility Director that permits CNSs, NPs, CPSs, and PAs to prescribe controlled substances is responsible for ensuring that such practitioners are authorized to do so by their

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State of licensure or registration and for complying with the limitations and restrictions on that authority. Therefore, the facility Director, or designee, is responsible for conducting a feasibility assessment as to its ability to comply with the relevant controlled substances prescribing authority of each of its practitioners.

b. Each facility Director, or designee, is responsible for:

(1) Developing appropriate policies and procedures to facilitate the effective and efficient implementation of the medication prescribing authority identified in this Directive, including practices to ensure that practitioners are prescribing within their identified scope of practice. These practices may include monthly reviews of Veterans Information Systems and Technology Architecture (VistA) printouts of prescriptions and/or orders by provider. The prescribing practices of CNSs, NPs, CPSs, and PAs are included in the medication use evaluation process.

(2) Ensuring that the relevant credentials of each CNS, NP, CPS, and PA is verified by their supervisor and filed in a legitimate Privacy Act System of Records, such as "Health Care Provider Credentialing and Privileging Records-VA (77VA10Q)."

(3) Ensuring that the scope of practice for each CNS, NP, CPS, and PA is approved by the appropriate facility-based authorizing body (i.e., Clinical Executive Board, Medical Executive Committee, etc.) or Chief of Staff.

(4) Ensuring that all inpatient pharmaceutical orders and outpatient prescriptions written by CNSs, NPs, CPSs, and PAs, which are not specifically identified in their individual scope of practice, are cosigned by a physician prior to its being filled.

(5) Ensuring that the following guidelines provided for CNSs, NPs, CPSs, and PAs are implemented:

(a) A locally-determined scope of practice will be prepared for each CNS, NP, CPS, and PA. The scope of practice statement will identify the individual's prescriptive authority as well as a description of routine and non-routine professional duties and the general areas of responsibility to be performed. Because States cannot regulate the activities of the Federal Government, or its employees when acting within the scope of their Federal employment, except by congressional consent, State laws and regulations relating to medication orders and prescriptions do not affect scope of practice statements under this Directive.

(b) To be granted prescriptive authority:

1. CSNs and NPs must have:

a. Current licensure as a Registered Nurse in any state,

b. Current American Nursing Association or other nationally-recognized certification as a CSN or NP, and

c. Completed an approved upper division or continuing education course in pharmacology.

2. CPSs must possess:

- a. A current state license, and
- b. A Pharm.D. or M.S. degree (or equivalent). Examples of equivalent qualifications include (but are not limited to):

(1) Completion of an American Society of Hospital Pharmacists accredited residency program,

(2) Specialty board certification, or

(3) Two years of clinical experience.

3. PAs must be:

- a. Certified by the National Commission on Certification of Physician Assistants, and
- b. Graduates of a Physician Assistant training program accredited by the Committee of Allied Health Education and Accreditation.

(c) CPSs, CNSs, and NPs will be granted prescriptive authority consistent with their scope of practice. Prescriptions or medication orders written by duly authorized CPSs, CNSs, and NPs within their approved scope of practice will not require a cosignatory of a physician.

(d) PAs provide care as agents for their supervising physicians and the supervising physician bears responsibility for the medical appropriateness and correctness of all orders written. Prescriptive authority for inpatient and outpatient pharmaceuticals will be established through the individualized scope of practice. Prescriptions or medication orders written by duly authorized physician assistants within their scope of practice will not require a cosignatory.

5. REFERENCES: VHA Handbook 5005, Part II, Appendix G 8.

6. FOLLOW-UP RESPONSIBILITY: Chief, Nursing Officer for the Office for Nursing Services (108), Chief Consultant for Pharmacy Benefits Management (119), and Chief Consultant for Ambulatory and Primary Care (112), are responsible for the contents of this Directive.

7. RESCISSIONS: VHA Directive 2001-082 is rescinded. This VHA Directive expires December 31, 2007.

Robert H. Roswell, M.D.
Under Secretary for Health

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